



TEMPORARY ABANDONMENT WELL APPLICATION

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Contact Person Email: _____
 Field Contact Person: _____
 Field Contact Person Phone: (_____) _____

API No. 15- _____
 Spot Description: _____
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)
 Datum: NAD27 NAD83 WGS84
 County: _____ Elevation: _____ GL KB
 Lease Name: _____ Well #: _____
 Well Type: (check one) Oil Gas OG WSW Other: _____
 SWD Permit #: _____ ENHR Permit #: _____
 Gas Storage Permit #: _____
 Spud Date: _____ Date Shut-In: _____

	Conductor	Surface	Production	Intermediate	Liner	Tubing
Size						
Setting Depth						
Amount of Cement						
Top of Cement						
Bottom of Cement						

Casing Fluid Level from Surface: _____ How Determined? _____ Date: _____
 Casing Squeeze(s): _____ to _____ w / _____ sacks of cement, _____ to _____ w / _____ sacks of cement. Date: _____
(top) (bottom) (top) (bottom)
 Do you have a valid Oil & Gas Lease? Yes No
 Depth and Type: Junk in Hole at _____ Tools in Hole at _____ Casing Leaks: Yes No Depth of casing leak(s): _____
(depth) (depth)
 Type Completion: ALT. I ALT. II Depth of: DV Tool: _____ w / _____ sacks of cement Port Collar: _____ w / _____ sack of cement
(depth) (depth)
 Packer Type: _____ Size: _____ Inch Set at: _____ Feet
 Total Depth: _____ Plug Back Depth: _____ Plug Back Method: _____

Geological Data:

Formation Name	Formation Top	Formation Base	Completion Information
1. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet
2. _____	At: _____	to _____ Feet	Perforation Interval _____ to _____ Feet or Open Hole Interval _____ to _____ Feet

UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Submitted Electronically

Do NOT Write in This Space - KCC USE ONLY	Date Tested: _____	Results: _____	Date Plugged: _____	Date Repaired: _____	Date Put Back in Service: _____
	Review Completed by: _____ Comments: _____				
TA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> Denied Date: _____					

Mail to the Appropriate KCC Conservation Office:

	KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801	Phone 620.682.7933
	KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226	Phone 316.337.7400
	KCC District Office #3 - 1500 SW Seventh Steet, Chanute, KS 66720	Phone 620.432.2300
	KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651	Phone 785.261.6250

File Mode Option Tools Help

Acquire Mode
Recall Mode



F3 Base Well File

F4 Select Test
P/C
DYN
ACU

F5 Acquire Data

F6 Analyze

Select Liquid Level | Depth Determination | Casing Pressure | BHP | Collars

Production	
Current	Potential
Oil	BBL/D
Water	BBL/D
Gas	Mscf/D

IPR Method: Vogel
PBHP/SBHP: _____
Producing Efficiency: 0.0 %

Fluid Densities
Oil: 40 deg API
Water: 1.05 Sp.Gr.H2O
Gas Gravity: 0.95 Air = 1

Acoustic Velocity: 1024.39 ft/s

Pump Submergence
Total Gaseous Liquid Column HT (TVD): 2149 ft
Equivalent Gas Free Liquid HT (TVD): 2149 ft

Comment: Acoustic Test

Casing Pressure: 3.1 psi (g)
Casing Pressure Buildup: 0.007 psi
0.75 min

Gas/Liquid Interface Pres.: 3.9 psi (g)

Liquid Level Depth MD: 1251.29 ft

Pump Intake Depth MD: _____ ft
TVD: _____

Formation Depth MD: 3400.00 ft



Well State: Producing

Annular Gas Flow: _____ Mscf/D
% Liquid: 100

Pump Intake Pressure: _____ psi (g)

PBHP: 980.8 psi (g)

Reservoir Pressure (SBHP): _____ psi (g)

< Pg Up Pg Dwn >

Conservation Division
District Office No. 4
2301 E. 13th Street
Hays, KS 67601-2651



Phone: 785-261-6250
Fax: 785-625-0564
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

April 17, 2017

Zach Patterson
American Oil LLC
1200 MAIN SUITE 410
HAYS, KS 67601

Re: Temporary Abandonment
API 15-051-04911-00-00
HALL J 5
NW/4 Sec.35-11S-17W
Ellis County, Kansas

Dear Zach Patterson:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 04/17/2018.

- * If you return this well to service or plug it, please notify the District Office.
- * If you sell this well you are required to file a Transfer of Operator form, T-1.
- * If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 04/17/2018.

You may contact me at the number above if you have questions.

Very truly yours,

RICHARD WILLIAMS "